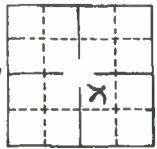


94-9307 JACQUEMIN KOOTENAI PIN 49N01W-22-4985



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>WENDY JACQUEMIN</u> Address <u>E 24585 CANYON RD</u> <u>CATAPDO, ID 83810</u> Owner's Permit No. <u>94-89-N-6 UNDER MINE WALKER</u>		7. WATER LEVEL Static water level <u>5'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																									
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. <u>200 Gpm</u> Pumping Level <u>2.5'</u> Hours Pumped <u>1 hrs</u>																																									
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <u>079974</u> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>3</td><td>top soil & gravel</td><td></td><td>X</td></tr><tr><td></td><td>3</td><td>5</td><td>Gravel</td><td></td><td>X</td></tr><tr><td></td><td>5</td><td>12</td><td>Gravel & water</td><td>X</td><td></td></tr><tr><td></td><td>12</td><td>92</td><td>Sandy silt</td><td>X</td><td></td></tr><tr><td></td><td>92</td><td>92.5</td><td>Gravel</td><td>X</td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	6	0	3	top soil & gravel		X		3	5	Gravel		X		5	12	Gravel & water	X			12	92	Sandy silt	X			92	92.5	Gravel	X	
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		JUL 17 1989 NORTHWEST REGION IDWR <i>Replacement Well Drilled to Replace original well for home Ch. D.</i>																																									
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>150</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>92.5</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>15'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>150</u> inches	<u>6</u> inches	<u>1</u> feet	<u>92.5</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																				
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> <u>NW 1/4 SE 1/4 Sec. 22, T. 49 N, R. 1 E, W.</u>		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>BRAUX WATER WELLS</u> Firm No. <u>289</u> Address <u>CATAPDO, ID</u> Date <u>7-13-89</u> Signed by (Firm Official) <u>Lendon</u> and <u>Cordeau</u> (Operator)																																									
10. Work started <u>7-7-89</u> finished <u>7-11-89</u>																																											

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT